State of California
Department of Industrial Relations
Self Insurance Plans
2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Phone (916) 483-3392
FAX (916) 483-1535

Our File: ☐☐☐☐

APPLICATION FOR A CERTIFICATE OF CONSENT TO ADMINISTER WORKERS' COMPENSATION SELF INSURANCE CLAIMS

INSTRUCTIONS: All questions below must be answered. If not applicable, enter "N/A".

The undersigned administrative agency hereby applies for a Certificate of Consent to Administer workers' compensation claims for permissibly self-insured employers in accordance with the provisions of California Labor Code Section 3702.1.

1. Date: _____

2. Type of Application:

☐ New   ☐ Addition of Reporting Location(s) Only

☐ Renewal of Existing Certificate to Administer No.: ☐☐☐☐

3. Name of Administrative Agency: _____

Street Address: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

4. Type of Entity:

☐ Corporation   ☐ Partnership   ☐ Proprietorship   ☐ JPA

5. Is the applicant a workers' compensation insurance carrier?   ☐ Yes   ☐ No

If yes, is the applicant a separate subsidiary to administer claims? ☐ Yes   ☐ No

6. Name of Owner(s): _____

7. List the manager's name and adjusting location addresses and phone numbers below:

1. Name of Manager: _____

Administrative Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ FAX: (_____)_____

Two-digit SIP Adjusting Location Number Assigned to This Office: ☐☐

Form A4-50 (Rev 8/96)

7. (Continued) List the manager's name and adjusting location addresses and phone numbers below:

2. Name of Manager: _____

   Administrative Agency: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Phone: (_____)_____ FAX: (_____)_____

   Two-digit SIP Adjusting Location Number Assigned to This Office: ☐☐

3. Name of Manager: _____

   Administrative Agency: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Phone: (_____)_____ FAX: (_____)_____

   Two-digit SIP Adjusting Location Number Assigned to This Office: ☐☐

4. Name of Manager: _____

   Administrative Agency: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Phone: (_____)_____ FAX: (_____)_____

   Two-digit SIP Adjusting Location Number Assigned to This Office: ☐☐

5. Name of Manager: _____

   Administrative Agency: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Phone: (_____)_____ FAX: (_____)_____

   Two-digit SIP Adjusting Location Number Assigned to This Office: ☐☐

7. (Continued) List the manager's name and adjusting location addresses and phone numbers below:

6. Name of Manager: _____

   Administrative Agency: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Phone: (_____)_____ FAX: (_____)_____

   Two-digit SIP Adjusting Location Number Assigned to This Office: ▢▢

7. Name of Manager: _____

   Administrative Agency: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Phone: (_____)_____ FAX: (_____)_____

   Two-digit SIP Adjusting Location Number Assigned to This Office: ▢▢

8. Name of Manager: _____

   Administrative Agency: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Phone: (_____)_____ FAX: (_____)_____

   Two-digit SIP Adjusting Location Number Assigned to This Office: ▢▢

9. Name of Manager: _____

   Administrative Agency: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Phone: (_____)_____ FAX: (_____)_____

   Two-digit SIP Adjusting Location Number Assigned to This Office: ▢▢

7. (Continued) List the manager's name and adjusting location addresses and phone numbers below:

10. Name of Manager: _____

Administrative Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ FAX: (_____)_____

Two-digit SIP Adjusting Location Number Assigned to This Office: ☐☐

8. List below the name of the city of each adjusting location in number 7 above; then the name of each self-insured employer serviced at that adjusting location; the number of the Certificate to Self Insure for each self-insured employer; and the name of the claims adjuster—who has demonstrated their individual competence by passing the Self Insurance Administrator's examination—who is responsible for the self insurer's claims at that adjusting location:

Adjusting Location (City)	Name of Self-insured Employer	Certificate Number	Name of Competent Person

8. (Continued)

Adjusting Location (City)	Name of Self-insured Employer	Certificate Number	Name of Competent Person

9. Period of Time for Certificate Issuance Requested:

☐ 1 Year   ☐ 2 Years   ☐ 3 Years

10. Fees Due with this Application (not applicable to joint powers authorities and insurance carriers):

(a) Base Fee $650 for each Administrative Agency per year (includes initial adjusting location):

$650 x _____ years = $ _____

(b) Adjusting Location Fee of $100 for second and subsequent adjusting locations per year:

$100 x _____ additional locations x years = $ _____

(c) Fees Submitted with Application: $ _____

The information submitted in this application is true and correct to the best of my knowledge.

Signature of Person Completing Application: _____

Typed Name of Person Completing Application: _____

Title of Person Completing Application: _____

Phone number: (_____)_____

Date: _____